

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO

10 / 588633

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
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25						
26						
27						
28						
29			1			
30				1		
31						
32						
33						
34						
35			1			
36				1		
37						
38						
39			1			
40				1		
41						
42						
43						
44			1			
45				1		
46						
47						
48			1			
49				1		
50			1			
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52			1			
53						
54			1			
55			1			
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97						
98						
99						
100						
TOTAL IND.		↓	13	↓		↓
TOTAL DEP.		←	15	←		←
TOTAL CLAIMS			28			